

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

85-63-000636

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

85

FILED FEB 13 1963

VS 300  
Rev. 4/59

1 0168

2 1000

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Scott</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Cape Girardeau</i>		c. CITY OR TOWN <i>Illmo</i>	
Length of stay in 1b <i>15 min</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp</i>		d. STREET ADDRESS (If outside, give location) <i>1/2 MIN. of Scott City</i>	
3. NAME OF DECEASED (Type or print) <i>ROBIN RENEE SCHAEFER</i>		4. DATE OF DEATH Month <i>Feb</i> Day <i>2</i> Year <i>1963</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 14, 1962</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME <i>Edward Schaefer</i>		13b. MOTHER'S MAIDEN NAME <i>Georgia Glauer</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <i>No</i>		17. INFORMANT <i>Edw Schaefer Rte Illmo, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congenital Fibroelastosis, Heart Pulmonary Edema</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <i>8 hours</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>4:30</i> a.m. <i>P.M.</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <i>Cape Girardeau, Missouri</i>	
21. I attended the deceased from <i>Sept. 14, 1962</i> to <i>Feb. 2, 1963</i> and last saw her alive on <i>Feb. 2, 1963</i> Death occurred at <i>4:30 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>2-8-63</i>	
22a. SIGNATURE <i>Edward O. Canfield</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>Cape Girardeau, Missouri</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	23b. DATE <i>2/5/63</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. Joseph's Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Illmo, Missouri</i>
24. FUNERAL DIRECTOR <i>BISPLINGHOFF FUNERAL HOME</i>		25. DATE RECD. BY LOCAL REG. <i>2-9-1963</i>	
26. REGISTRAR'S SIGNATURE <i>Ernie Kasten</i>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Oliver C. C. C.*

Licensed Embalmer No. 4470

P. O. Address Elmo Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.